

Claims Clues

A Publication of the AHCCCS Claims Department

April, 2003

AHCCCS to Accept Excluded Pathologist Claims

In response to a court order, the AHCCCS Administration will accept submissions of certain fee-for-service claims from pathologists that were excluded from payment for inappropriate use of the 26 modifier (Professional component).

Claims for inpatient lab services billed by pathologists with dates of service from June 1, 1999 through April 7, 2003 must be submitted by October 7, 2003. Pathologists may continue to

submit these old claims, despite the normal six-month limit on initial submissions.

In addition, pathologists may submit timely claims (with initial submission dates within six months of the date of service) until the Administration adopts a rule limiting these services.

The statement in the March issue of *Claims Clues* that pathologists may only submit claims for dates of service from June 1, 1999 through February 7,

2003 was in error.

The claims will receive special handling, and timeliness edits will be overridden if necessary.

Claims should be submitted to:

AHCCCS Claims

Attn: Diane Sanders

Claims Administrator

Mail Drop 8200

P.O. Box 1700

Phoenix, AZ 85002-1700

The envelope should be clearly marked with the words "Pathology Claims." □

Provider Access to Claims Department Restricted

Effective April 14, providers will no longer be allowed to enter the AHCCCS Claims Department to check on the status of their claims.

The Claims Department will be secured as part of the agency's compliance with the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA).

The HIPAA privacy rule specifies how AHCCCS and other health organizations, including providers, disclose protected health information (PHI). In general, the rule precludes any disclosure of PHI without the active, informed consent of the patient.

The AHCCCS Administration must ensure that all files and documents containing PHI have limited access. This involves

procedures such as securing floors and activating security cards for restricted access to each work area.

The AHCCCS Administration offers providers several methods for checking on the status of fee-for-service claims.

AHCCCS Web Site

To create an account and begin using the Web site application, providers must go to the AHCCCS Home Page at www.ahcccs.state.az.us. Once at the Home Page, click on the Information for Providers link to go to the Providers page. A link on the Providers page will allow providers to create an account.

Once a provider has access to the secured site, the provider can view information relating to a claim, including status history, edit history, and accounting

summary. Providers can obtain eligibility and enrollment information for any of their patients who are AHCCCS recipients. Providers also can obtain Medicare/TPL information for a recipient.

There is no charge to providers for creating an account, and there is no transaction charge.

Claim Status Request Form

The *AHCCCS Fee-For-Service Provider Manual* contains a form that providers may use to check the status of claims. The Claim Status Request Form is available at the end of Chapter 26 of the manual.

After completing the form, the provider should fax the form to the AHCCCS Claims Research/Adjudication Unit at (602) 253-5472.

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Providers Can Update Correspondence Address Online

Providers can now update their Correspondence address online using a Web based application designed specifically for providers.

After logging into the application, providers can view limited demographic information by clicking on the Provider Information link under the Main Menu. The Provider Demographics page allows providers to view limited demographic information.

To update an existing Correspondence address, the provider must click on the Edit link at the bottom of the page. A page showing only the updateable fields will be displayed.

The following rules apply:

- Only providers with a Provider Status of A (active) may update

their address.

- Only "Master" account holders can update address information.
- Providers may only update the active Correspondence address. Records without an end date are considered active.
- The provider's Service and Pay-to addresses can be viewed, but they cannot be updated.
- Provider types 98 (Case Managers) and 99 (EVS/Non Service Providers) may not update any address information. Providers also may view their Group Affiliations and Authorized Signatures through additional links on the Demographics page. However, these records cannot be updated online.

The Web application also allows providers to verify eligibility and enrollment and check claim status.

To create an account, providers must go to the AHCCCS Home Page at www.ahcccs.state.az.us. Once at the Home Page, click on the Information for Providers link to go to the Providers page. A link on the Providers page allows providers to create an account.

Once an account is created, a provider can view eligibility and enrollment information for any of their patients who are AHCCCS recipients. Providers also can obtain Medicare/TPL information for a recipient.

The Claims Status page allows providers to view fee-for-service claim information, including status history, edit history, and an accounting summary.

There is no charge to providers for creating an account, and there is no transaction charge. ☐

Provider Access to Claims Department Restricted

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Claims Customer Service

Questions about claims also may be directed to the Claims

Customer Service Unit at:
(602) 417-7670, Option 4
(Phoenix area)
1-800-794-6862 (All others).

The unit's hours of operation are 7:30 a.m. to 4:00 p.m., Monday through Friday (except State holidays). ☐

Coverage Update

PreGen-26 Ruled a Non-covered Service

The AHCCCS Office of Medical Management (OMM) has determined that PreGen-26 is not a covered service.

Although AHCCCS has become aware of emerging technology in the area of diagnostic testing for colorectal cancer, OMM has determined, after review of current literature, the test has not

as yet been adopted as a community standard of care.

Heidelberg Tomography (CPT 92135) to Pend For Recipients Under 18

AHCCCS will pend claims with CPT code 92135 for medical review for fee-for-service members under 18 years of age.

OMM's review of literature regarding this procedure suggests that this technique has some

limited applications. It is considered acceptable medical practice for monitoring and evaluation of patients with a diagnosis of glaucoma.

Specific questions regarding covered services, limitations and exclusions should be addressed to the AHCCCS Office of Medical Management at (602) 417-4241. The AHCCCS Medical Policy Manual also is available on the AHCCCS Web site. ☐